MINUTES

MONTANA SENATE
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By **SENATOR JIM BURNETT**, on February 18, 1995, at 12:57 PM

ROLL CALL

Members Present:
Sen. James H. "Jim" Burnett, Chairman (R)
Sen. Steve Benedict, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Sharon Estrada (R)
Sen. Arnie A. Mohl (R)
Sen. Mike Sprague (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)
Sen. Terry Klampe (D)

Members Excused: None

Members Absent: None

Staff Present: Susan Fox, Legislative Council
Karolyn Simpson, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:
Hearing: SB 403, SJ 14, SB 368, SB 385
Executive Action: SB 385, SB 368, SB 403, SB 385

{Tape: 1; Side: 1; Comments: some testimony not clear due to static, paper rustling and mumbling.}

HEARING ON SB 403

Opening Statement by Sponsor:

SENATOR KEN MILLER, SD 11, Laurel and SW Billings, said this bill is a product of many hours of work by citizens throughout the state to develop a system of health care reform that would benefit all Montanans. He said the group's name is HEAL Montana, with 17% of its members being Doctors, and the remainder are retired people, self-employed, insurance agents, and housewives. Its mission statement is: HEAL Montana is a non-profit education organization dedicated to achieving reforms in health care that

will assure high-quality health care services, while preserving individual freedom of choice within a free market system.

HEAL Montana developed a health care reform system that has great merits. It's centerpiece is the medical savings account that moves individuals from the role of passive patients to informed health care partners, and this will take place at all levels of society. Each person who uses medical care and those who don't will all benefit.

Proponents' Testimony:

Susan Good, representing HEAL Montana, said they have been working on this proposal for a long time and attended many meetings of the Health Care Authority. Before the Health Care Authority came to the conclusion that reform would have to be incremental rather than a sweeping change, HEAL Montana had suggested some solutions for reforming Montana's health care system.

She said controlling health care costs is the main thrust of HEAL Montana's proposal and will be based on the following assumptions: someone will have to choose whether a particular dollar is spent on health care or some other use, and the question is, whether the government, the government's proxy, or the individual will choose how the dollar is spent. The Medichoice proposal enables individuals to make their own priority-based decisions. We should keep what is good about our health care system, discard that which is not, and improve the rest. A good health care system will be compassionate toward people, subsidize the unfortunate, and prevent financial ruin for severe health problems, while retaining freedom of choice.

One of the main portions of Medichoice is insurance reform, with insurance for all without mandates, price controls, rationing, or forced alliances. All health insurance should be renewable and affordable, thereby eliminating job loss. Health insurance policies must require that everyone involved in the health care business, including insurers and providers, disclose their prices. For individuals to become medical consumers, they need to know what something costs. For insurance reform, insurers are required, up front, to share with the proposed insured what their premiums have done in past years, as far as increases. Insurance premiums should be tax deductible for everyone. She said the main barrier to purchasing health insurance is cost, not that they can't qualify for it due to illness. There are people who cannot afford health insurance, yet they do not qualify for Medicaid or they have expenses that are too high to pay. The needs of those families need to be addressed.

The heart of the Medichoice proposal is the medical savings account. The purpose of the medical savings account is for the cost of health insurance used only for major medical expenses, with the smaller expenses paid out-of pocket with tax free dollars. Under the MSA plan, the health care provider would be paid out of the individual's account, which eliminates third party billing and insurance claims, with savings in administrative expenses. As an incentive for people to contribute

to their medical savings account, excess funds not needed or used to provide medical expenses for long-term health care could be rolled into an IRA, downpayment on a home, college expenses, etc.

The section of the bill dealing with the working poor and the Medicaid population are sections **Peter Blouke** said the Governor would have difficulty accepting because the costs for the benefits were not known at that time. Sections 4 and 5, the working poor and Medicaid population, will be placed into a study, and if it's shown to be cost effective to use medical savings account as opposed to first dollar coverage as Medicaid now provides, the waiver process would begin. They feel this will be cost effective because SRS began paying health insurance premiums for some Medicaid recipients in July 1991, and insurance pays an average of $6.00 in claims for each $1.00 Medicaid spends on insurance premiums. About $1.5 million was saved in FY 94 as a result of this program. This will be investigated further with certain populations of Medicaid recipients because not all those on Medicaid rolls would be appropriate to this program due to chronic needs. There are families who would be classified as the working poor, who do not have health insurance because they can't afford it. If there is cost savings with MSA's, the 1997 Legislature might consider subsidizing working poor families who do not qualify for Medicaid, but cannot afford health insurance.

HEAL Montana believes the comprehensive health reform contained in SB 403 would be sufficient to answer the needs of the small group market. Consequently, SB 403 contains a repealer of the small group market of SB 285.

Don Allen, representing Montana Benefit Plan, Kalispell, spoke in support of SB 403. This bill assures that the Small Employer Health Insurance Availability Act doesn't continue to be a burden on small employers of the state, and, if repealed, something needs to be in its place to fill that gap. There is a need to spread the risk more broadly in terms of small employers costs.

Opponents' Testimony:

David Hemion, representing the Mental Health Association of Montana, spoke in opposition to SB 403 from his written testimony. He said there may be some parts this proposal may be beneficial to health care reform, but wants the same benefits for mental health in SB 339 to be included in SB 403. He compared the benefits of SB 339 and SB 403. They want mental retardation to be removed from mental health in SB 403, because mental retardation is congenital and mental illness is an illness. **EXHIBIT 1.**

Mary McCue, representing the Montana Clinical Mental Health Counselors Association, an association of Licensed Professional Counselors in private practice in the state, said **David Hemion** stated the position her association supports on this bill.

Questions From Committee Members and Responses:

SENATOR ECK asked **Susan Good** about the Fiscal Note to SB 403.

Susan Good said there is no official Fiscal Note, but she has an unsigned Fiscal Note.

SENATOR ECK asked about the tax exemption, whether it's an increase, and if the money an individual or employer puts into a MSA is tax exempt.

Susan Good said that was correct, and HEAL Montana believes anyone who does not participate in a Medical Savings Account should be able to deduct health insurance premiums. The fiscal impact of that is about $8 million, but on the MSA's, no one really knows how much that will be, because it is unknown how popular the program will be and probably usage will depend on what the Federal Government does.

SENATOR ECK asked about coverage of low-income people who cannot afford it, and if there was an estimate of how much might be put into that.

Susan Good said no, and that is the purpose of the study. The estimates vary widely.

Claudia Clifford, State Auditor's Office, said they write the portion of the Fiscal Note on any impact, as far as the State Auditor's Office or Department of Insurance. Other portions of the fiscal note have to be put together into a total fiscal note, particularly the portion from the Revenue Department.

Susan Good said a sizeable portion of the Fiscal Note that is in the bill, as introduced but is no longer part of the current bill proposal, is the information clearing house. The decision was made in the House, that was just too expensive and another government bureaucracy. The information clearing house has been replaced by disclosure rules, that anyone must be given price information from health care providers and insurance companies when requested.

SENATOR MOHL asked where the $8 million is coming from.

Susan Good said the $8 million is a ballpark figure of what it costs the state of Montana as an expenditure in the General Fund because people will be able to deduct the amount of premiums.

SENATOR MOHL asked if it was an impact on the General Fund.

Susan Good said yes, it is an impact on the General Fund.

SENATOR MOHL asked **Susan Good** if she accepts the proposed amendments.

Susan Good said she had agreed to those amendments.

SENATOR FRANKLIN asked about the limit than an individual can put into a Medical Savings Account, under this proposal.

Susan Good said the amount of the deductible plus the amount of out-of-pocket expenses could be put into the MSA in a taxable year. If total out-of-pocket expenses was $5,000, it would be that amount plus premiums, unless it's a year that you win the lottery, sell a house, or inherit money, a large sum of money can be deposited into the MSA, but income average during the ensuing years. The intention is not to enable someone to shelter a lot of money they would use for something else.

SENATOR FRANKLIN asked about the approximately $5,000 figure.

Susan Good said that would probably be close to maximum, but all would not have to be put in to the account at one time. Many people purchase their health insurance on a monthly basis and they could continue to do that if it were paid out of the MSA.

SENATOR BURNETT asked **Susan Good** if she has the amendments that were mentioned.

Susan Good said she is familiar with the amendments that **David Hemion** mentioned.

David Hemion said they were not in the form of an amendment, just suggestions.

SENATOR FRANKLIN said there is one population of concern to her, and that is people who have a chronic illness and know approximately what their yearly expenses will be.

Susan Good said, with the MSA, if those persons were not able to purchase coverage in any other market, they would be eligible to go through the Montana Comprehensive Health care Association (MCHA), which is sort-of guaranteed issue for the individual. Now those premiums have a floor of 150% of the average of the top 5 insurers, up to a ceiling of 400%. Under the HEAL Montana plan, that maximum would be 150%, but they will negotiate that. As long as a person who has a chronic condition, such as diabetes, is putting in dollars that did not accumulate in excess of their out-of-pocket expenses, and regardless the amount they were putting in, so long as it is used on a bona fide medical expense, they could continue doing that. The whole purpose of the MSA is to make sure someone cannot shelter a lot of money in the account.

<u>Closing by Sponsor</u>:

SENATOR MILLER said the parts that are important to him are the working poor and Medicaid parts. He has problems with studies because they will tell you something that isn't necessarily the

truth. He thinks the best way to find out the real truth to what this system will do to the working poor is go ahead and enact it. There will be a Fiscal Note that will be substantial because they have no way of knowing what the costs will be, because medical care in the U.S. has never been approached like this.

He thinks all of the bills that are in the House and Senate should be studied and put together to come out with a good health reform package that is market driven and take care of the problems out there.

HEARING ON SJ 14

Opening Statement by Sponsor:

SENATOR JUDY JACOBSON, SD 18, Butte, Silver Bow County, said this resolution is to keep the Legislature honest. The codes from the bill from last session, both the single payor and multiple payor plans, must be voted on by the 1995 Legislature. Because there was little enthusiasm by the general public for the plans outlined by the Montana Health Care Authority, SJ 14 states reasons for not bringing the plans forth. Page 2, line 7, the single payor and multiple payor health care access plans prepared by the Montana Health Care Authority be accepted. This resolution is to meet the letter of the law.

Proponents' Testimony:

Susan Good, representing HEAL Montana, spoke in support of SJ 14. She said the Montana Health Care Authority did what they were charged to do. Even though their answers were not acceptable to most people, that is what is exactly the case.

Tanya Ask, representing Blue Cross and Blue Shield of Montana, spoke in support of SJ 14. She said there was a lot of controversy about the Health Care Authority, but the issues studied were those the people in Montana wanted answered. In the last Session of the Legislature, there was a lot of debate but there was not enough information available to debate.

Opponents' Testimony: None

Questions From Committee Members and Responses:

SENATOR SPRAGUE asked **SENATOR JACOBSON** if she is urging the activities to accomplish a goal for universal access.

SENATOR JACOBSON said the Health Care Authority concluded, after having had meetings and considering information, the people in the State of Montana were not ready, for whatever reason, to accept going forward and accepting the sweeping health care reform the Health Care Authority was asked to prepare, the single payor and multiple payor plan. The recommendations from the Health Care Authority were: people still want to continue to look for affordable access to health care in Montana and should

continue working toward that goal. She doesn't think health care reform will be entirely achieved in this Legislative session.

Closing by Sponsor:

SENATOR JACOBSON made no further remarks in closing.

EXECUTIVE ACTION ON SJ 14

Motion: **SENATOR MOHL moved SJ 14 DO PASS.**

Discussion: **SENATOR SPRAGUE** said he's reading "single payor" and "multiple payor" in this bill, and asked if this is to study the single payor and multiple payor concept or study something philosophical, like universal access.

Susan Fox said, in discussions with David Niss, and for the Legislature to fulfill its statutory obligations to both plans, and since both are not being put forward as proposals, this just requires a vote on the report of the plans.

SENATOR BAER said he doesn't have any objections to urging continued goal of universal access, but the language in this bill regarding single payor and multiple payor systems doesn't satisfy him at all, because it says "statewide universal health care plan be accepted." It doesn't say "allow the Legislature to vote on those proposed" it says "be accepted."

SENATOR ECK said she thinks it's acknowledging the fact that the plans have been prepared.

SENATOR JACOBSON said the statute that she read, says it must be voted on. The plans have been written, in 5 volumes, and this says "we the Legislature, accept those 5 volumes." It doesn't mean that the plans will be enacted. It simply says, we acknowledge the plans have been prepared and, by this Resolution, we accept those plans that we asked for, and are voting to accept the plans. She said it clearly states in the "Whereas's" (lines 21-23) implementation of either plan will require significant legislation and legislative appropriations, but there is insufficient state revenue at this time to implement either the complete single payor or multiple payor plan as written. She said it clearly states that the plans are not going to be implemented, and on the last "Whereas" (page 2, lines 1-3) it talks about a list of alternatives of market-based sequential approach.

SENATOR BAER said he still has great difficulty with this and thinks the language is confusing. Referring to sub-section 2, page 2, he said it talks about implementing through a market-based sequential health care reform process, and as an attorney, he can't approve this because it just doesn't say what **SENATOR JACOBSON** says it says. He said if it could be amended and spell

things out where everybody could understand what is being done, then maybe it's alright.

SENATOR KLAMPE said he thinks the time should be taken to put in word changes that should be made. He doesn't think anyone on the Committee really disagrees with what the Resolution is trying to do, but, need to make sure the words are right.

Motion: SENATOR ECK moved, page 2, line 10, "accepted" be replaced by "acknowledge" and the same on line 11, "accepted" be replaced by "acknowledge."

Discussion: SENATOR ECK said that way, the Committee is acknowledging the plans have been submitted, but not necessarily accepting the contents.

SENATOR BURNETT asked **Susan Fox** if she wanted to comment on **SENATOR ECK's** motion for changes.

Susan Fox said it would be a simple amendment that could be drafted.

SENATOR BURNETT asked **SENATOR BAER** if those changes were acceptable.

SENATOR BAER said they were not.

SENATOR BURNETT said there is a motion to be voted up or down.

SENATOR ECK withdrew her amendment motion.

Vote: The DO PASS MOTION for SJ 14 CARRIED with SENATORS BAER, ESTRADA, SPRAGUE, and BENEDICT voting NO, by Roll Call Vote.

HEARING ON SB 368

Opening Statement by Sponsor:

SENATOR TERRY KLAMPE, SD 31, Florence, said SB 368 is a long over due piece of legislation, but is not going to resolve any health care crisis. He said he hopes there will not be a turf war, but is inevitable, especially when dealing with Boards, and this deals with the Dental Board. The intent, is to clear up so poorly written language which has led to a lot of different lawsuits throughout the past few years, and they cost a lot of money. Also, SB 368 adds some new definitions and new procedures, removes some out-dated statutes, clarifies or delineates the scope of practice between denturity and dentistry, these would be partial and full dentures, and provides for equal treatment for denturists and dentists with regard to sanctioning for unlawful procedures so they are on the same playing field, and establishes a standard of care for infection control and competency in

dealing with patients that is necessary to establish for denturity.

He said denturity has only been around for the last 7 to 8 years in Montana, where a lab man can make dentures for patients. This bill is long overdue, as evidenced by 4 separate lawsuits in the last 8 years and a high caseload of complaints against denturists. The desire is to get that settled, and if trying to settle problems is what a turf war is, so be it.

Proponents' Testimony:

Dr. Scott Erhler, past President, Board of Dentistry, spoke in support of SB 368, gave a brief history of dentures in Montana, and addressed the fiscal impact of the problems that poor language and legislation has done.

In 1984, 12 individuals moved to Montana, leased offices, bought dental equipment, and began the practice of dentistry, which was in violation of the law, at that time. During that time, the initiative process was organized and signatures were gathered, and an initiative was placed on the ballot. That initiative passed by a vote of 52 to 48% of the vote. Because of that initiative, the Board of Denturity was established. During the next 2 years, 5 more denturists were licensed, putting out there, at the end of that 2 years, Legislative sunset performance audit by the Legislative Audit Committee. This document indicates that those 5 individuals were illegally licensed. At that time, the Board was sunset, and the regulatory duties of the Board were given to the Board of Dentistry, which assumed the challenge of regulating this group of individuals.

Denturity is illegal in 44 states of the United States, and is considered a felony in many of those states. Of the 6 states that have denturity in some form, Maine has never licensed denturists even though the statute is on the books, and in Arizona and Colorado, they have to work under supervision of a dentist. There are fewer than 10 denturists in those states. In the other 3 states, Oregon, Idaho, and Montana, were all passed by initiative. Washington has just passed a copy cat initiative of the Montana initiative. In all of these states, in only one state are they allowed to do partial dentures, and that is Montana, and possibly Washington.

The fiscal impact of what's been going on with the Board of Dentistry, for the last 10 years, When the Board of Denturity had their own board, their President, Brent Candarian, advertised that he was doing temporal mandibular joint exams. The Board of Dentistry felt that was the practice of dentistry and sought an injunction against him, which has resulted in a 10-year long lawsuit against the state of Montana, then he turned around and sued the Board for wrongful prosecution. The case went to the Supreme Court, then back to the Board of Dentistry, and the denturists are still trying to bring the case back. The cost of this lawsuit to the state of Montana taxpayers is $55,518.86 in contracted legal fees from the Department of Administration. This does not include the cost of investigator time for the Board of

Dentistry, appeal attorneys, and all the other things that go along with a lawsuit.

Another case that came before the Board of Dentistry 5 years ago, was an individual who had illegally purchased a practice in Helena. The Board of Dentistry took action against him for the illegal practice of dentistry, and the individual turned around and sued the Board. The work prevailed in the District Court, then the denturist took the case to the Supreme Court, again prevailed in the Supreme Court, but during this time period of the lawsuit, the practice which he illegally purchased, he illegally sold. After the 2-3 years of litigation, it was a new case. This case took about 100 hours of attorney time, plus investigator time and cost.

In another case, the Board of Dentistry was sued because the denturists felt they were being charged too much in fees. When the Board of Denturity was established, they assessed themselves $500.00 per individual per year. When the Board of Dentistry took over, it remained the same, but has since been lowered to about $50.00 per year. They sued to the Board to recover some of these fees they thought were wrongful fees. The Board elected to settle rather than go through a lawsuit, which they estimated would cost about $75,000.

The Board of Dentistry has been given the directive, by the Legislature, to make the fees commiserate with cost. There are about 12 denturists, at present, paying $50.00 per year in fees. Half of that money goes to the Department of Commerce. He feels the fee should be higher because the Board's expenses are being spread through out the other licensees.

A case involving partial dentures, Chris Nacht sued the Board of Dentistry. The audit report states clearly, denturists must receive a referral from a dentist before doing partial dentures. The Attorney General opinion they received, agreed. The case prevailed in a lower court, and now the Board is appealing it into the Supreme Court. He doesn't know the final cost, but they have about 120 hours of attorney time already, and have contracted outside legal sources also.

This bill is called the semi-colon bill, because they have been in litigation over 2 words in a semi-colon, an as needed semi-colon, for 10 years. They are now in the Supreme Court over these 2 words in a semi-colon.

Another lawsuit, the son of a denturist member of the state Board, attended an out-of-state school, then tried to come to Montana to obtain a license. The Regents determined the school did not meet the qualifications, and even though this individual was not a citizen of Montana and was not a licensee, he was granted a hearing. The hearing examiner returned a decision that he could not sit for an exam. He then set up a practice in Wolf Point and is actively practicing. The Department has sought an injunction in Roosevelt County to stop the illegal practice of denturity.

Denturists have filed a complaint against the Board with the Federal Trade Commission; nothing came of it, but it took many hours to gather all the facts necessary for the case.

{Tape: 1; Side: 2; Comments: some testimony difficult to understand due to static, paper shuffling, and mumbling.}

All of these cases and investigations took a tremendous amount of time and money to resolve. A person who testified at the Business and Industry Committee, 2 years ago, said 40% of their complaints deal with these individuals. They spend a lot of time investigating them, but with poorly written legislation, there is little they can do. Unless these laws are changed and clarified, they will have to turn a blind eye to professional standards of what ever is going on. There's another hidden cost, and that's to the patient, because there's no way to give back what they lose in improper care from some denturists.

Dr. Gerald Olson, representing the Montana Dental Association, said the Association supports SB 368. It is an attempt to clarify procedures and rules, and make the operation of the Board of Dentistry far simpler to reduce the number of lawsuits, clarify and bring the standards of denturity up as well as those of dentistry.

Mary McCue, serving as the Lobbyist and Legal Council for the Montana Dental Association, said things need to be clarified by the amendments to the licensure law in this bill, for a couple of reasons. She referred to page 5, section 37-29-401, and said there is a lengthy list of standards of conduct and practice set out in the statutes. It is presumed that a denturist would do the things listed, so they believe these kind of detailed standards should not be in a statute, but in an administrative rule. The amendment portion of this statute is in #6, page 5, and is probably a more appropriate standard for denturists to follow. Much of the language in the statutes was not crafted by professional drafters in the Legislature, but came through the initiative process. Another example, page 6, section 37-29-403, the dentists of the Association, who work with denturists, would like to have subsection (b) inserted. It clarifies a dentists liability when a patient has been referred to a dentist by a denturist. These are the things in the bill that will clarify the situation.

Richard Crofts, Deputy Commissioner of Higher Education, said the Office of Higher Education and the Board of Regents have little direct interest or involvement with denturity, but support this bill, to the degree that it's a step of clarification of a situation that is now not clear. This bill provides clarity of the question of academic programs which qualify an individual, after an internship, to sit for the licensing exam, and resolve any differences of opinion between the Office of the Commissioner and Regents, and the Board of Dentistry. Their involvement with this whole subject deals only with academic training. This bill requires the accreditation by the Commission on Dental Accreditation, or its successor, for someone to sit for the licensing exam. If this bill is passed, they would like to have

the Board of Regents taken out, because there would be no judgements or recommendations to be made.

Informational Testimony:

Robert Vernon, Attorney, Department of Commerce, presented a letter from the President of the Board of Dentistry. **EXHIBIT 2.** The Board considered a draft of this legislation about 2 weeks ago, and had considered other drafts of similar legislation, even earlier. At no time during the past 2-3 months when the Board considered legislation in this regard, has it voted to endorse this sort of legislation. The Board currently has an ad hoc committee working with interested members of the dentistry and denturity communities, to see if there are compromises that can be formed and a consensus be brought to the 1997 Legislature. He referred to paragraphs 2-5 in Dr. Scranton's letter, saying they indicate the position of the Board of Dentistry in this matter. Because the Board has not yet taken a position, any statements made before the Committee are their own, not that of the Board.

Opponents' Testimony:

Clifford Christenot, practicing denturist, Libby, said when SB 368 was first proposed this year, many of the concerns were under litigation in District Court in Libby. He asked Jon Noel, Director of the Commerce Department, how he felt about many things being under litigation and included in the bill at the same time. Jon Noel felt it would be unethical and ill advised for the Department to be preparing a bill under those circumstances, and assured him the bill would not be part of the Legislative package presented by the Department of Commerce to the Governor's office. Since that time, the District Court has found in favor of the denturists, stating the Board of Dentistry's rules, affecting a couple of different topics, were arbitrary and capricious. The wording of the original initiative, I 97 concerning both immediate and partial dentures, stands. It is presently legal for denturists to do immediate dentures and the necessary routine aftercare, as it is presently legal for denturists to do partial dentures without a mandatory referral to a dentist. The Board of Dentistry chose to only appeal the mandatory referral of partial dentures, and that appeal is presently under consideration by the Montana Supreme Court. He said he thinks this legislation is an end-run, around both the courts and the people of the state of Montana. It isn't endorsed by the Board of Dentistry, by the Commerce Department, or the Denturists Association of Montana, no denturists have been asked to take part in the drafting of this bill, and they feel ambushed again.

Douglas Crumb, denturist, Kalispell, President Montana Denturists Association, read his written testimony in opposition to SB 368. He said, denturists have been in Montana for 11 years, not 7 or 8 as stated by Dr. Erhler, and they pay $100.00 per year for a

license. In Canada, most provinces are doing partial dentures without dentist referrals, and they are also doing implants of dentures from the beginning. He said it's a far more diverse practice that his is at present.

Implants and partial denture procedures have been discussed by the committee he serves on with the Dental Board, and he thinks it's good approach to solving this problem of a turf war. It's a turf war and always will be a turf war as long as the dentists and the Dental Association do not ask the denturists to be directly involved with them. He said they don't want to talk to or have input from denturists, and don't want to negotiate. He said they create another problem by proposing another bill. The denturists have been continuously fighting against them and it all could be solved if they would just ask the denturists to get involved, and the problem can be solved.

Connie Jacque, dental hygienist, said she has worked on a dental team since 1964, and has 10 years experience as a dental assistant, and 16 years as a dental hygienist. She asked that it be verified that the state of Montana is paying for the lawsuits against the Board of Dentistry. She thinks it's license fees, paid by her and all the others to the Board of Dentistry, that is paying for this legal maneuvering that has gone on in the past. She wonders why the Board of Dentistry has taken it upon themselves to be in control of all aspects of dental care for the people of Montana. They choose who and what they want to oppose and who they want to back. The Board is controlled by the dentists in the State of Montana, and she feels the Board has been a hinderance to the professions working together.

Ken MacPherson, practicing denturist, Missoula, spoke in opposition to SB 368. He offered a handout about education in dental schools. **EXHIBIT 4.**

Questions From Committee Members and Responses: None

Closing by Sponsor:

SENATOR KLAMPE said he is speaking as Dr. Terry Klampe. He has a Bachelors Degree in Science, a Doctors Degree in Dental Surgery, and a 3-year Masters Degree in Oral Biology Research, 21 years of experience as a dentist, has worked in 5 different countries, and served as an Associate Professor at the University of Minnesota. These are his qualifications, and SB 368 is an attempt to end turf wars and battles. He said **Mary McCue** represents 95% of the dentists in the state and they all would like to see this issue resolved.

HEARING ON SB 385

Opening Statement by Sponsor:

SENATOR DOROTHY ECK, SD 15, Bozeman, said SB 385 is titled "An act related to medical services for children of poor families."

She said there has been a lot of discussion of insurance, and the administration, planning, and organization of health care. Previously, under the Governor Stephens' administration, there was a proposal to increase the access for children and pregnant women to Medicaid. She said the advantage of using Medicaid for those who cannot afford to buy health insurance is that it pays off $7.00 for every $3.00 put in. The problem that will continue is with low income families who are not able to purchase health insurance. Children who are below the poverty level can get Medicaid, pregnant women can get Medicaid up to 133% of the poverty level, and their infant child is covered for 1 year.

This proposal, starting in the first year, expands eligibility of Medicaid for children, and pregnant women up to 150% of the poverty level. The second year, it goes up to 200% of poverty, if a waiver can be obtained, allowing the state to impose some premiums on that population, which would partially off-set the cost. For children are to get the health care they need, they need insurance. If they go to the emergency room, they can get care, but it's expensive care. The care for the pregnant woman is likely to be more expensive, because without health insurance, she may have a difficult time finding a doctor to take care of her. The tendency is to put this off until she really needs to have care, and that may be too late.

In 1991, a study of low birth weight babies showed most of the high cost births were for women who did not have adequate prenatal care. At that time the high cost infants, comprising 4% of the births, were costing Medicaid $8 million a year. All of the other births cost Medicaid $7 million. She said, maybe these high cost births wouldn't have been as costly if the women had received adequate prenatal care. The problem was addressed at that time with the MIAMI program that concentrated on low income women in a few counties, to encourage them to get the prenatal care they needed. She said this program did make a difference. As of 1994, those babies were costing $5.1 million. She thinks money could be saved by providing prenatal care for all low income women. She distributed amendments and a chart of cost estimates for SB 385. **EXHIBITS 5 & 6.**

She said when the bill was drafted, children up to 18 years of age were to be covered and she hopes services up to 19 can be provided, but only Medicaid expansion up to age 6. She is hoping the proposal that the Department of SRS was pushing in Appropriations, will provide a good deal of health care, appropriate to the school age child, but wouldn't be complete medical service.

Proponents' Testimony:

Steve Yeakel, representing the Montana Council for Maternal and Child Health, said the proposals in SB 385 are at the heart of what the Council for Maternal and Child Health is all about: prevention. Prevention is the most readily supported health care concept in the last few years. SB 385 both aspects of prevention, cost and compassion, are substantial factors. Compassion is at the heart of every Montanans argument to provide the best quality

of life for their families and neighbors. He read a quote from the Montana Republican Action Plan: "Every person in Montana should have access to affordable, quality, basic health care." The form of this bill is part of Governor Stevens' health care for Montanans proposal.

He said the main reason babies die in the first year of life is low birth weight, and the most effective tool to decrease the incidence of low birth weight is comprehensive and continuous prenatal care. This bill would allow more mothers and families access to this most necessary form of care. The cost argument of this bill is equally compelling. He read a quote from the Montana Republican Action Plan: "The best way to hold down health care costs is by encouraging public and private prevention activities."

The combination of the public and private sector, by incorporating the Blue Cross Blue Shield program for children provides these services and is a win-win situation for all. The average FY92 average high cost of a Medicaid birth was over $36,000, FY92 average low cost was less than $2,000. showing the savings to Medicaid could be considerable.

Tanya Ask, representing Blue Cross and Blue Shield of Montana, talked about the Caring Foundation of Montana, which is a private non-profit 501 C-3 foundation established in Montana. The purpose of this foundation is to provide primary and preventative health care benefits to children, who, right now, are falling between the cracks. These are children who are not eligible for public assistance, but do not have any other source of health care coverage. **EXHIBIT 7.**

This program was developed by pediatricians to provide access to physician's office for the basic health care needs for accidents, out-patient surgery, immunizations and inoculations. Children in this program are covered up to age 19, and if of school age, they are to be enrolled in school. During the 2 years the program has been in existence, 598 children in Montana have benefited from the program. Right now, there are 401 children enrolled in the program. The number of children served is limited to the amount of money that can be raised.

The partnership with physicians and other health care providers is that those providers accept a lower level of reimbursement for those services.

Mike Craig, member of the Montana Health Care Authority, said they endorse SB 385 with the amendments.

Nancy Ellery, Administrator, Medicaid Services, Department of SRS, said they support the concepts in SB 385 and think it has the potential for cost savings for the Medicaid program. They have been working with the Caring Foundation looking for a way for public-private partnership, with the state providing a direct grant to the program.

David Hemion, representing the Montana Association of Churches, said they support SB 385 because Faith teaches. All the important teachings talk about justice, and justice means, to them, responsibility for everyone else in the world. He said there needs to be matching funds for the private sector solution.

Bob Torres, representing the National Association of Social Workers, spoke briefly in support of SB 385.

Opponents' Testimony: None

Questions From Committee Members and Responses:

SENATOR MOHL asked how SB 385 goes with the bill passed a few days ago. He said this bill has the 200% of poverty in it and that's what was in the other bill.

SENATOR BURNETT said the 200% determines the amount of coverage. 100% of poverty is limited, so the 200% raises it.

SENATOR MOHL asked about the other bill.

SENATOR BURNETT said the bill referred to was **SENATOR KEATING's** mental health bill.

SENATOR ECK said when this concept was discussed before, 185% of the poverty level was the top, which is the level in many states. Because the level was being raised to 200% of the poverty level for mental health under Medicaid, she decided to raise the level for this bill to 200%.

SENATOR KLAMPE asked about the medical benefits in the Caring Program, and if there are any dental benefits in the program.

Tanya Ask said there is one form of dental benefits, and it is a limited benefit package for accidental injuries to natural teeth.

Closing by Sponsor:

SENATOR ECK said the Legislative Analyst figured for one low birth weight baby or high cost birth avoided, under SB 385,the money saved could cover 21 additional births or 57 children. There are a lot of programs that are looking towards assisting young families, prenatal up through 4-8 years of age. If intense services are provided during those years, physically and psychologically healthy children and a healthy family would be the result, and many of the problems seen in the juvenile justice system and elsewhere in society, could be reduced. Another advantage of this bill is the Managed Care System. There has been managed care in Medicare and Medicaid, and $5.3 million could be saved by expanding managed care.

She referred to the cost information prepared by the Department of SRS **(EXHIBIT 5)**, saying this is not a fiscal note, but is sure they'll add in administrative costs to the figures

shown. Looking at the General Fund amount as $1.7 million, and $1.9 million for programs that are worth about $6 million per year. She hopes, when looking at other health matters on which money is spent, the committee will consider these low income children to make sure they come out with a fair shake.

EXECUTIVE ACTION ON SB 385

Motion: **SENATOR FRANKLIN MOVED the AMENDMENTS to SB 385 DO PASS. The motion CARRIED with SENATOR MOHL voting NO.**

Motion/Vote: **SENATOR FRANKLIN MOVED SB 385 DO PASS AS AMENDED. The motion FAILED with SENATORS FRANKLIN, ECK, KLAMPE and BURNETT voting YES.**

EXECUTIVE ACTION ON SB 368

Motion: **SENATOR SPRAGUE MOVED SB 368 DO PASS. The motion FAILED with SENATORS SPRAGUE, ECK, and KLAMPE voting YES, by Roll Call Vote.**

Motion/Vote: **SENATOR FRANKLIN MOVED to TABLE SB 368. The motion CARRIED UNANIMOUSLY.**

EXECUTIVE ACTION ON SB 403

Motion/Vote: **SENATOR SPRAGUE MOVED SB 403 DO PASS. The motion CARRIED with SENATORS MOHL, ECK, FRANKLIN, and KLAMPE voting NO, by Roll Call vote.**

EXECUTIVE ACTION ON SB 385

Discussion: **SENATOR ECK** said she would like to table SB 385 pending the decision as to whether it's a revenue bill or not.

Motion/Vote: **SENATOR FRANKLIN MOVED to reconsider the action taken on SB 385, pending a decision. The motion CARRIED with SENATOR ESTRADA voting NO.**

Motion/Vote: **SENATOR FRANKLIN MOVED to TABLE SB 385. The motion CARRIED with SENATORS SPRAGUE and ESTRADA voting NO.**

Discussion: **SENATOR ECK** said SB 403, which had a substantial fiscal note was passed, but SB 381 was not.

{Tape: 1; Side: 2 Comments: tape ran out, lost last 3 minutes.}

EXECUTIVE ACTION ON SB 381

Motion: **SENATOR FRANKLIN moved to reconsider the action taken on SB 381.**

Motion/Vote: **SENATOR MOHL made a substitute motion to leave SB 381 on the TABLE. The motion CARRIED with SENATORS ECK, FRANKLIN, and KLAMPE voting NO, by Roll Call vote.**

ADJOURNMENT

Adjournment: 3:00 PM

SENATOR JIM BURNETT, Chairman

KAROLYN SIMPSON, Secretary

JB/ks

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL DATE 2/18/95

NAME	PRESENT	ABSENT	EXCUSED
LARRY BAER	X		
SHARON ESTRADA	X		
ARNIE MOHL	X		
MIKE SPRAUGE	X		
DOROTHY ECK	X		
EVE FRANKLIN	X		
TERRY KLAMPE	X		
STEVE BENEDICT, VICE CHAIRMAN	X		
JIM BURNETT, CHAIRMAN	X		

SEN:1995
wp.rollcall.man
CS-09

SENATE STANDING COMMITTEE REPORT

February 18, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SJR 14 (first reading copy -- white), respectfully report that SJR 14 do pass.

Signed: Jim Burnett
Senator Jim Burnett, Chair

Amd. Coord.
Sec. of Senate

421509SC.SPV

SENATE STANDING COMMITTEE REPORT

February 18, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 341 (first reading copy -- white), respectfully report that SB 341 be amended as follows and as so amended do pass.

Signed: _____
Senator Jim Burnett, Chair

That such amendments read:

1. Title, lines 8 through 10.
Following: "ACTIONS;"
Strike: the remainder of line 8 through "ASSISTANCE;" on line 10

2. Title, line 15.
Strike: "33-22-113,"

3. Page 1, line 23.
Strike: subsection (1) in its entirety
Renumber: subsequent subsections

4. Page 2, line 27 through page 3, line 4.
Strike: section 5 in its entirety
Renumber: subsequent sections

5. Page 3, lines 20 and 21.
Following: "insurance"
Strike: "⊥"
Insert: "or"
Following: "benefits"
Strike: the remainder of line 20 through "program" on line 21

6. Page 7, line 22.
Strike: "and 33-22-113"

7. Page 9, lines 29 and 30.
Strike: "30"
Insert: "33"
Strike: "14"
Insert: "18"

-END-

Amd. Coord.
Sec. of Senate

SENATE STANDING COMMITTEE REPORT

February 18, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 388 (first reading copy -- white), respectfully report that SB 388 be amended as follows and as so amended do pass.

Signed: _____
Senator Jim Burnett, Chair

That such amendments read:

1. Title, lines 10 and 11.
Strike: "REQUIRING" on line 10 through "DISORDERS;" on line 11

2. Title, lines 12 and 13.
Strike: "PROVIDING" on line 12 through "REPORT;" on line 13

3. Title, line 13.
Following: "AUDITOR;"
Insert: "PROVIDING A STATUTORY APPROPRIATION; AMENDING SECTIONS 17-7-502 and 33-1-102, MCA;"

4. Page 3, lines 5, 6 (in two places), 11 and 23; page 4, line 13; page 5, lines 2 and 4; page 6, lines 21 and 28; page 8, lines 7 and 8; and page 10, lines 9, 23, 27, and 29.
Strike: "11"
Insert: "9"

5. Page 3, lines 18 and 19.
Strike: "licensed" on line 18 through "hospitals," on line 19
Insert: "a person"

6. Page 3.
Following: line 22
Insert: "(6) "Person" means:
(a) an individual;
(b) a group of individuals;
(c) an insurer, as defined in 33-1-201;
(d) a health service corporation, as defined in 33-30-101;
(e) a corporation, partnership, facility, association, or trust; or
(f) an institution of a governmental unit of any state licensed by that state to provide health care, including but not limited to a physician, hospital, hospital-related facility, or long-term care facility."
Renumber: subsequent subsection

PV Amd. Coord.
Sec. of Senate

7. Page 3, line 29.
Strike: "in a rural area"
Strike: "or"
Insert: "and"

8. Page 4, line 1.
Following: "any"
Insert: "combination of"

9. Page 4, line 2.
Following: "services"
Insert: "that is acceptable to the department"

10. Page 4, line 14.
Following: "."
Insert: "The commissioner may charge the applicant an application review fee for the commissioner's actual cost of review of the application. The fees must be adopted by rule by the commissioner. Fees collected by the commissioner must be deposited in an account in the special revenue fund and are statutorily appropriated, as provided in 17-7-502, to the commissioner to defray the cost of application review."

11. Page 4, line 18.
Following: "organization"
Insert: "but must comply with the notice requirements of [section 5(4)(c)]"

12. Page 4, line 26.
Following: "abuse services,"
Insert: "services for mental disorders,"

13. Page 5, line 6.
Following: "A"
Insert: "licensed"

14. Page 5, line 29.
Following: "entity"
Insert: "but that are the financial responsibility of the entity"

15. Page 6.
Following: line 28
Insert: "(13) A managed health care entity that provides written notice pursuant to subsection (4)(c) to an enrollee of medicaid-covered services available from another provider is responsible for payment for those services by another provider."

16. Page 7, lines 11 and 12.
Strike: "as determined" on line 11 through "programs," on line 12

17. Page 7, line 27.
Following: "payments"
Insert: "that are not included in capitated rates"

18. Page 8, line 6.
Strike: "on [the effective date of this act]"
Insert: "at the time the payments are made"

19. Page 8, lines 12 through 28.
Strike: section 8 in its entirety.

Renumber: subsequent sections

20. Page 9, line 8 through page 10, line 4.
Strike: section 10 in its entirety

Renumber: subsequent sections

21. Page 10, line 14.
Strike: "investigations"
Insert: "activities"

22. Page 10, line 16.
Strike: "investigation"
Insert: "activity"

23. Page 10.
Following: line 25
Insert: "NEW SECTION. **Section 10. Applicability to managed care community networks.** A managed care community network, as defined in [section 2], is governed by the provisions of this chapter and by [sections 1 through 9], but the commissioner may by rule reduce or eliminate a requirement of this chapter if the requirement is demonstrated to be unnecessary for the operation of a managed care community network.

Section 11. Section 17-7-502, MCA, is amended to read:
"**17-7-502. Statutory appropriations -- definition -- requisites for validity.** (1) A statutory appropriation is an appropriation made by permanent law that authorizes spending by a state agency without the need for a biennial legislative appropriation or budget amendment.

(2) Except as provided in subsection (4), to be effective, a statutory appropriation must comply with both of the following

provisions:

(a) The law containing the statutory authority must be listed in subsection (3).

(b) The law or portion of the law making a statutory appropriation must specifically state that a statutory appropriation is made as provided in this section.

(3) The following laws are the only laws containing statutory appropriations: 2-9-202; 2-17-105; 2-18-812; 3-5-901; 5-13-403; 10-3-203; 10-3-312; 10-3-314; 10-4-301; 15-1-111; 15-23-706; 15-25-123; 15-31-702; 15-36-112; 15-37-117; 15-38-202; 15-65-121; 15-70-101; 16-1-404; 16-1-410; 16-1-411; 17-3-106; 17-3-212; 17-5-404; 17-5-424; 17-5-704; 17-5-804; 17-6-101; 17-6-201; 17-6-409; 17-7-304; 18-11-112; 19-2-502; 19-6-709; 19-9-1007; 19-15-101; 19-17-301; 19-18-512; 19-18-513; 19-18-606; 19-19-205; 19-19-305; 19-19-506; 20-4-109; 20-8-111; 20-9-361; 20-26-1403; 20-26-1503; 23-2-823; 23-5-136; 23-5-306; 23-5-409; 23-5-610; 23-5-612; 23-5-631; 23-7-301; 23-7-402; 27-12-206; 32-1-537; 37-43-204; 37-51-501; 39-71-503; 39-71-907; 39-71-2321; 39-71-2504; 44-12-206; 44-13-102; 50-5-232; 50-40-206; [section 3]; 53-6-150; 53-24-206; 60-2-220; 61-2-107; 67-3-205; 75-1-1101; 75-5-507; 75-5-1108; 75-11-313; 76-12-123; 77-1-808; 80-2-103; 80-2-222; 80-4-416; 80-11-310; 81-5-111; 82-11-136; 82-11-161; 85-1-220; 85-20-402; 90-3-301; 90-4-215; 90-6-331; 90-7-220; 90-9-306; and 90-14-107.

(4) There is a statutory appropriation to pay the principal, interest, premiums, and costs of issuing, paying, and securing all bonds, notes, or other obligations, as due, that have been authorized and issued pursuant to the laws of Montana. Agencies that have entered into agreements authorized by the laws of Montana to pay the state treasurer, for deposit in accordance with 17-2-101 through 17-2-107, as determined by the state treasurer, an amount sufficient to pay the principal and interest as due on the bonds or notes have statutory appropriation authority for the payments. (In subsection (3): pursuant to sec. 7, Ch. 567, L. 1991, the inclusion of 19-6-709 terminates upon death of last recipient eligible for supplemental benefit; and pursuant to sec. 15, Ch. 534, L. 1993, the inclusion of 90-14-107 terminates July 1, 1995.)"

Section 12. Section 33-1-102, MCA, is amended to read:

"**33-1-102. Compliance required -- exceptions -- health service corporations -- health maintenance organizations -- governmental insurance programs.** (1) A person may not transact a business of insurance in Montana or relative to a subject resident, located, or to be performed in Montana without complying with the applicable provisions of this code.

(2) The provisions of this code do not apply with respect to:

(a) domestic farm mutual insurers as identified in chapter 4, except as stated in chapter 4;

(b) domestic benevolent associations as identified in chapter 6, except as stated in chapter 6; and

(c) fraternal benefit societies, except as stated in chapter 7.

(3) This code applies to health service corporations as prescribed in 33-30-102. The existence of the corporations is governed by Title 35, chapter 2, and related sections of the Montana Code Annotated.

(4) This code does not apply to health maintenance organizations or to managed care community networks, as defined in [section 2], to the extent that the existence and operations of those organizations are ~~authorized~~ governed by chapter 31 or to the extent that the existence and operations of those networks are governed by [sections 1 through 9].

(5) This code does not apply to workers' compensation insurance programs provided for in Title 39, chapter 71, parts 21 and 23, and related sections.

(6) This code does not apply to the state employee group insurance program established in Title 2, chapter 18, part 8.

(7) This code does not apply to insurance funded through the state self-insurance reserve fund provided for in 2-9-202.

(8) (a) This code does not apply to any arrangement, plan, or interlocal agreement between political subdivisions of this state in which the political subdivisions undertake to separately or jointly indemnify one another by way of a pooling, joint retention, deductible, or self-insurance plan.

(b) This code does not apply to any arrangement, plan, or interlocal agreement between political subdivisions of this state or any arrangement, plan, or program of a single political subdivision of this state in which the political subdivision provides to its officers, elected officials, or employees disability insurance or life insurance through a self-funded program.""

Renumber: subsequent sections

24. Page 10, line 27.
Following: "instruction."
Insert: "(1)"

25. Page 10.
Following: line 29
Insert: "(2) [Section 10] is intended to be codified as an integral part of Title 33, chapter 31, and the provisions of Title 33, chapter 31, apply to [section 10]."

-END-

SENATE STANDING COMMITTEE REPORT

February 18, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 395 (first reading copy -- white), respectfully report that SB 395 be amended as follows and as so amended do pass.

Signed: Jim Burnett
Senator Jim Burnett, Chair

That such amendments read:

1. Title, line 4.
Following: the second "ACT"
Insert: "REVISING THE LAWS GOVERNING THE BOARD OF NURSING; PROVIDING FOR AN ADDITIONAL MEMBER ON THE BOARD OF NURSING WHO IS AN ADVANCED PRACTICE REGISTERED NURSE;"

2. Title, line 9.
Strike: "SECTION"
Insert: "SECTIONS 2-15-1844, 37-8-202, AND"

3. Page 1, line 24.
Insert: "

Section 1. Section 2-15-1844, MCA, is amended to read:

"**2-15-1844. Board of nursing.** (1) There is a board of nursing.

(2) The board consists of ~~nine~~ 10 members appointed by the governor with the consent of the senate. The members are:

(a) four registered professional nurses; at least one ~~such~~ member shall have had at least 5 years in administrative, teaching, or supervisory experience in one or more schools of nursing and at least one ~~such~~ member must be currently engaged in the administration, supervision, or provision of direct client care. Each member ~~shall~~ must:

(i) be a graduate of an approved school of nursing;

(ii) be a licensed registered professional nurse in this state;

(iii) have had at least 5 years' experience in nursing following graduation; and

(iv) be currently engaged in the practice of professional nursing and must have practiced for at least 5 years.

(b) three practical nurses. Each ~~shall~~ must:

(i) be a graduate of a school of practical nursing;

(ii) be a licensed practical nurse in this state;

(iii) have had at least 5 years' experience as a practical nurse; and

(iv) be currently engaged in the practice of practical

Amd. Coord.
Sec. of Senate

nursing and have practiced for at least 5 years.

(c) two public members who are not medical practitioners, involved in the practice of nursing or employment of nursing, or administrators of Montana health care facilities~~.~~;

(d) one advanced practice registered nurse who must:

(i) be a graduate of an approved education program for advanced practice registered nurses;

(ii) be a licensed registered professional nurse with a certificate in a field of advanced practice registered nursing in this state;

(iii) have at least 5 years' experience;

(iv) currently be engaged in direct client care and must have practiced as an advanced practice registered nurse for at least 5 years; and

(v) have current prescriptive authority and must be assigned as a permanent member of the prescriptive authority committee.

(3) All members ~~shall~~ must have been residents of this state for at least 1 year before appointment and be citizens of the United States.

(4) All members shall serve staggered 4-year terms, and a member may not be appointed for more than two consecutive terms. The governor may remove a member from the board for neglect of a duty required by law or for incompetency or unprofessional or dishonorable conduct.

(5) The board is allocated to the department for administrative purposes only as prescribed in 2-15-121."

Section 2. Section 37-8-202, MCA, is amended to read:

"**37-8-202. Organization -- meetings -- powers and duties.** (1) The board shall meet annually and shall elect from among the ~~nine~~ 10 members a president and a secretary. The board shall hold other meetings when necessary to transact its business. A majority of the board constitutes a quorum at any meeting. The department shall keep complete minutes and records of the meetings and rules and orders promulgated by the board.

(2) The board may make rules necessary to administer this chapter. The board shall prescribe standards for schools preparing persons for registration and licensure under this chapter. It shall provide for surveys of schools at times it considers necessary. It shall approve programs that meet the requirements of this chapter and of the board. The department shall, subject to 37-1-101, examine and issue to and renew licenses of qualified applicants. The board shall conduct hearings on charges that may call for discipline of a licensee, revocation of a license, or removal of schools of nursing from the approved list. It shall cause the prosecution of persons violating this chapter and may incur necessary expenses for

prosecutions.

(3) The board may adopt and the department shall publish forms for use by applicants and others, including license, certificate, and identity forms and other appropriate forms and publications convenient for the proper administration of this chapter. The board may fix reasonable fees for incidental services, within the subject matter delegated by this chapter.

(4) The board may participate in and pay fees to a national organization of state boards of nursing to ensure interstate endorsement of licenses.

(5) (a) The board may define the educational requirements and other qualifications applicable to recognition of advanced practice registered nurses. Advanced practice registered nurses are nurses who must have additional professional education beyond the basic nursing degree required of a registered nurse. Additional education must be obtained in courses offered in a university setting or its equivalent. The applicant must be certified or in the process of being certified by a certifying body for advanced practice registered nurses. Advanced practice registered nurses include nurse practitioners, nurse-midwives, nurse-anesthetists, and clinical nurse specialists.

(b) The board of nursing and the board of medical examiners, acting jointly, shall adopt rules regarding authorization for prescriptive authority of nurse specialists. If considered appropriate for a nurse specialist who applies to the board for authorization, prescriptive authority must be granted.

(6) The board shall establish a program to assist licensed nurses who are found to be physically or mentally impaired by habitual intemperance or the excessive use of narcotic drugs, alcohol, or any other drug or substance. The program must provide assistance to licensees in seeking treatment for substance abuse and monitor their efforts toward rehabilitation. For purposes of funding this program, the board shall adjust the license fee provided for in 37-8-431 commensurate with the cost of the program.

(7) The board may adopt rules for delegation of nursing tasks by licensed nurses to unlicensed persons.

(8) The board may fund additional staff, hired by the department, to administer the provisions of this chapter.""

Renumber: subsequent section

4. Page 2, line 11.
Strike: "person's"
Following: "examination"
Insert: "available"

-END-

SENATE STANDING COMMITTEE REPORT

February 18, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 403 (first reading copy -- white), respectfully report that SB 403 do pass.

Signed: _____
Senator Jim Burnett, Chair

Amd. Coord.
Sec. of Senate

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
ROLL CALL VOTE

DATE 2/18/95 BILL NO. SB 403 NUMBER

MOTION: Do Pass

NAME	AYE	NO
LARRY BAER	X	
SHARON ESTRADA	X	
ARNIE MOHL		X
MIKE SPRAUGE	X	
DOROTHY ECK		X
EVE FRANKLIN		X
TERRY KLAMPE		X
STEVE BENEDICT, VICE CHAIRMAN	X	
JIM BURNETT, CHAIRMAN	X	

SEN:1995
wp:rlclvote.man
CS-11

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
ROLL CALL VOTE

DATE 2/18/95 BILL NO. SB 381 NUMBER

MOTION: Leave SB 381 on table

NAME	AYE	NO
LARRY BAER		
SHARON ESTRADA	X	
ARNIE MOHL	X	
MIKE SPRAUGE	X	
DOROTHY ECK		X
EVE FRANKLIN		X
TERRY KLAMPE		X
STEVE BENEDICT, VICE CHAIRMAN		
JIM BURNETT, CHAIRMAN	X	

SEN:1995
wp:rlclvote.man
CS-11

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
ROLL CALL VOTE

DATE 2/18/95 BILL NO. SB 368 NUMBER

MOTION: Do Pass

NAME	AYE	NO
LARRY BAER		X
SHARON ESTRADA		X
ARNIE MOHL		X
MIKE SPRAUGE	X	
DOROTHY ECK	X	
EVE FRANKLIN		X
TERRY KLAMPE	X	
STEVE BENEDICT, VICE CHAIRMAN		X
JIM BURNETT, CHAIRMAN		X

SEN:1995
wp:rlclvote.man
CS-11

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
ROLL CALL VOTE

DATE 2/18/95 BILL NO. SJ 14 NUMBER

MOTION: SJ14 DO PASS

NAME	AYE	NO
LARRY BAER		X
SHARON ESTRADA		X
ARNIE MOHL	X	
MIKE SPRAUGE		X
DOROTHY ECK	X	
EVE FRANKLIN	X	
TERRY KLAMPE	X	
STEVE BENEDICT, VICE CHAIRMAN		X
JIM BURNETT, CHAIRMAN	X	

SEN:1995
wp:rlclvote.man
CS-11

MONTANA SENATE
COMMITTEE PROXY

DATE 2/18/95

I request to be excused from the Public Health

Committee meeting this date because of other commitments. I desire

to leave my proxy vote with Dorothy Eck .

Indicate **Bill Number** and your vote **Aye** or **No**. If there are **amendments**, list them **by name and number** under the bill and indicate a **separate vote for each amendment**.

HOUSE BILL/AMENDMENT	*AYE*	*NO*
[redacted] EBT		

SENATE BILL/AMENDMENT	*AYE*	*NO*
SB 381	✓	
SB 395	✓	
SB 341	✓	
SB 368		✓
SB 385	✓	
SB 388	✓	

Sen. Eve Franklin
Rep. _____
(Signature)

SEN:1995
WP/PROXY

MONTANA SENATE
COMMITTEE PROXY

DATE 2/18/95

I request to be excused from the Public Health committee Committee meeting this date because of other commitments. I desire to leave my proxy vote with Chairman Burnett.

Indicate **Bill Number** and your vote **Aye** or **No.** If there are **amendments,** list them **by name and number** under the bill and indicate a **separate vote for each amendment.**

HOUSE BILL/AMENDMENT	*AYE*	*NO*

SENATE BILL/AMENDMENT	*AYE*	*NO*
SB 368		✓
Amendments		✓
SJ14		✓
SB403	✓	
Sponsor amend	✓	
SB 385		✓
amendments		✓

SEN. ~~Rep.~~ Benedict
(Signature)

HR:1993
WP/PROXY

MONTANA SENATE
COMMITTEE PROXY

DATE 2/18/95

I request to be excused from the HEALTH

Committee meeting this date because of other commitments. I desire to leave my proxy vote with SHARON Estrada / SECRETARY.

Indicate **Bill Number** and your vote **Aye** or **No**. If there are **amendments**, list them **by name and number** under the bill and indicate a **separate vote for each amendment.**

SENATE

~~HOUSE~~ BILL/A~~MENDMENT~~	AYE	NO
SB 368		X
SJ 14		X
SB 403	X	
SB 385		X

~~SENATE BIL~~/AMENDMENT	AYE	NO
SB 368		X
SJ 14		X
SB 403		X
SB 385		X

Rep. _____
(Signature)

HR:1993
WP/PROXY

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 2/15/95
BILL NO. SB 403

TESTIMONY OF DAVID HEMION
PUBLIC POLICY COORDINATOR
MENTAL HEALTH ASSOCIATION OF MONTANA
SB 403 - HEALTH CARE REFORM BASED ON MEDICHOICE
FEBRUARY 18, 1995

The Mental Health Association of Montana represents some 1,200 mental health consumers, providers, family members and others interested in achieving victory over mental illness.

THE BENEFITS IN SB 403 FOR THE TREATMENT OF MENTAL ILLNESSES ARE A SIGNIFICANT REDUCTION FROM THOSE APPROVED BY THE SENATE.

This committee and the Senate have this week approved and sent to the House SB 339, amending Sec. 33-22-702, 33-22-703 and 33-22-705 setting out minimum mental health benefits to be included in group health insurance plans. Please compare the benefits included in SB 403 with those you have already approved. SB 403 provides a reduction in mental health benefits.

Under Sec. 3 (3) (b) (xix) - page 5 - and Sec. 10 (2) (t) - page 19 - of SB 403, basic plan benefits for mental health are, as follows:

"coverage for mental health, mental retardation, or substance abuse, or any combination, up to a maximum of 14 patient days per year and 26 outpatient hours per year, with a maximum dollar benefit of $10,000 per year."

	SB 339	SB 403	COMMENT
INPATIENT (@ $700/day)	21 days	14 days	
OUTPATIENT (@ $75/hour)	33.3 hours	26 hours	
DAY TREATMENT	2 for 1 trade with inpatient	none	an important option for therapy
ANNUAL MAX. BENEFIT	$13,760	$10,000	

COMPARISON OF BENEFITS - SB 339 AND SB 403
(assumes 80-20 co-payment)

By contrast the minimum benefits you have approved in SB 339 are these:

1. 21 days of hospitalization annually;

2. partial hospitalization available in lieu of inpatient benefits with a trade of two days

of partial for each day of inpatient;

3. outpatient services to $2,000 annually.

Both plans include treatment of substance abuse within the limits of treatment for mental illnesses. however SB 403 also includes "mental retardation" into the same limited benefits. We cannot understand this, especially since the definition of mental illness included in SB 339 specifically excludes "a developmental disorder", which is how we would define "mental retardation".

We would ask you to question the drafters of this proposal carefully about how this benefit level was developed.

Please note that the benefits contained in SB 339 for mental health are the product of two years of discussions and negotiations between insurers, health care providers, consumer and advocacy groups, including the Mental Health Association. They are a compromise, but reflect a realistic approach to the effective and efficient financing of treatment of mental illnesses.

By contrast, our association was never contacted by Heal 94, the drafters of MediChoice, to comment upon or discuss the mental health benefits contained in SB 403.

We ask you to amend the benefits contained in SB 403 to the same benefits you have just this week approved in SB 339.

SENATE HEALTH & WELFARE
EXHIBIT NO 2
DATE 2/18/95
BILL NO. SB 368

February 16, 1995

Carol A. Scranton, D.D.S.
P. O. Box 7998
Kalispell, MT 59904-0998

Senate Committee on Public Health, Welfare, and Safety
Senator Jim Burnett, Chairman

Chairman Burnett and Committee Members,

My name is Dr. Carol Scranton from Kalispell. I am the current president of the Board of Dentistry, and in that official capacity I am reporting actions that the board has taken in regards to denturitry legislation.

In the fall of 1994, I appointed a committee that included board members and denturists to attempt to put together legislation that might be acceptable to all interested parties. After much cooperative work, the recommendation of that committee was that it should continue working on legislation but not for this 1995 session.

The Board of Dentistry was presented the legislation the committee had put together to date as well as a version of Senator Klampe's legislation. After many iterations, no consensus, and deadline problems, no legislation was presented by the Board of Dentistry through the Department of Commerce.

Subsequently, a version of Senator Klampe's legislation was presented to the board for a by mail vote. It resulted in 3 to support the legislation, 4 not to support, and 1 abstention.

Later, on February 3, 1995, at a regularly scheduled Board of Dentistry meeting, a draft copy of SB 368 was presented and a vote was requested. This draft implemented some of the ideas from the original committee work. A vote was taken and resulted in a 3-3 tie with the chair abstaining. The senior citizen public member was absent due to illness. The Board of Dentistry therefore takes no position on SB 368.

I am sorry I am unable to testify in person, and I thank Mr. Verdon for reading this into the record for me. If I can answer any questions between now and the time this committee votes on this bill, please feel free to call at the below listed phone numbers. Thank you for your attention.

Sincerely,

Carol A. Scranton, D.D.S.
President, Board of Dentistry

Office 756-9393 (Tues - Fri, 7:30 a.m. - 5:00 p.m.)
Home 752-5149 (all other times)

SENATE PUBLIC HEALTH & WELFARE
EXHIBIT NO. 3
DATE 2/18/95
BILL NO. SB 368

To whom it may concern.

I am here today to express my strong opposition to the bill presented by the Montana Dental Assoc. concerning the regulation of Denturists practicing in the state. I oppose this legislation for the same reasons I opposed it the last time it went this far. I oppose it for the same reasons i opposed it when it went to district court. I oppose it with vengeance now as it sits in the Supreme Court of the State Of Montana.

I am outraged that this proposed legislation seeks to change the original intent of initiative 97. Partial denture referrals to a dental office for radiographic examination and possible treatment of natural dentition as needed has, is, and will be at the discretion of the original provider of services. it has, is and will be a standard of practice that seeks to build an air of competence and trust between the provider and the patient. To legislate a mandatory referral law would be demeaning to that trust. I have, am now, and will continue to evaluate orrecognise and referr all clinically evident anomalies existing in the oral cavity both differentially and definitively. It is in this fact that those persons preferring my services must place their trust. Demanding by law that my office refer all partial denture patients to a dental office is asking me to express to those patients that they really can not trust my judgment. I will not stand quietly by and allow such an attack on my profession!

concerning immediate denture services and the implication that I am not able to effectively deal with the problems that may arise in post delivery care I am appalled. To suggest that I may not touch any immediate denture during the wound healing process and yet allow the patient who has no training whatsoever to remove, place, grind, wash, or play frisbee with his or her denture, is an example of how thoughtless and ridiculous this legislation is. No patient or public entity is obligated by law to conform to the recommendations of any dentist for any procedure. This legislation should it pass would in effect provide a law that mandates the actions of the patient, and eliminates freedom of choice~~. Maybe we should just pass a law that says" Everyone on the face of the Earth must see a dentist every three months.~~ "

We have existed as independent providers of denture related services for eleven years. Why should we now be expected to not be independent? I speak each day with people that tell me of their swollen ankles, their problems with ear aches, head aches, tooth aches. They call me for my opinion concerning endodontics, orthodontics, crowns and bridges as opposed to partials, and implants. They come in with allergic reactions to drugs, latex, acrylic, and silicone. They come in deformed, paraplegic, retarded, and tongue tied. They come in after failed ridge augmentations and failed implant therapy. They come in after loosing half their tongue to cancer and I get the pleasure of building a denture on scar tissue. ~~They come in with post radioneuerosis, shogrens disease, asthma, diabetes, high blood pressure~~. Some have tested positive to the HIV antibody. some have lost their teeth,or significant salivary flow, because of radiation treatments. They come in just prior to kidney transplants, or bypass surgery. They come in just after traffic accidents, bar fights, or domestic abuse. and YES some times they come in with periodontally involved teeth!

~~This is nothing more than a turf war. This legislation is turf war tactics~~. There is Presently a committee formed by the dental board to discuss these issues. I am a member of this committee. Our

goal I believe, is to eventually define Denturitry as it will be practiced in the state of Montana. We will seek to provide the board with a definitive approach to disciplines concerning Denturists. Our committee meetings include dialogue in the areas of standard of practice, scope of practice, share and implied liabilities, who, what, how, when, and where referrals should be made. This is, to say the least, a difficult and laborious task. It is though the first time in eleven years that Denturists have been asked to be a part of the development of future, legitimate, legislation concerning our practice.

It is maddening that I have to be here today to speak against this bill while the Supreme court rules on the legal problems of this bill and I sit on a committee to develop this bill, or another one like it or not like it. As a denturists I can't help but feel that this is Dentally manipulated, special interest turf war overkill. It is not ~~legitimate~~ legislation as it is not endorsed by Dental Board, it is not endorsed by the commerce Department, it is not endorsed by the Montana Assoc. of Denturists and it is most certainly not endorsed by the voting public of this state.

I am the president of the Montana Assoc. of Denturists. I'm very pleased With the efforts of the Dental Board to finally approach us with the intent to discuss the problems existing between Dentists and Denturists. It is appropriate that we interact on these and other issues that face our respective professions. It is appropriate that we do this in committee. This bill is NOT the way to solve these problems, it will only escalate them further.

With respect,

Douglas A. Crumb
The Denture Place
923 S. Main Street
Kalispell Mont. 59901
755-8932

SENATE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 2/18/95
BILL NO. SB 368

DENTAL EDUCATORS SPEAK OUT ON THE QUALITY OF DENTURE EDUCATION IN DENTAL SCHOOLS

1. "Although graduates would be licensed to provide prosthodontic treatment, they would lack clinical experience in this discipline." Journal of Prosthetic Dentistry, January 1984, David N. Firtell, D.D.S., et al, authors.

2. "It is a sad state of affairs when dental educators tacitly admit that technicians are more skilled and can produce better results than those that dental students can be trained to perform. If this is the case, than why not let technicians perform intraoral procedures, too? No wonder denturists are gaining credibility in the eyes of the public." Reprinted in Dental Lab Review, September 1984, from an original article from The Academy of General Dentistry's publication AGD Impact, William W. Howard, D.M.D., author.

3. "The trend at many dental schools has been to decrease the emphasis on prosthodontic curriculum and allow increased exposure to preventive dentistry. ....However, educators in prosthodontics have expressed concern about the recent dental school graduate's ability to provide adequate prosthodontic care for patients." The Journal of Prosthetic Dentistry, October 1984, Thomas D. Taylor D.D.S., et al authors.

4. ...."it appears that the typical dental school may be failing to prepare future dentists adequately to diagnose and devise a treatment plan for removable prostheses...As a dental educator, I can personally attest to the perceived decrease in emphasis that removable prosthodontics is receiving in the dental school curriculum during the past decade. Ultimately, if these trends are not reversed, we will witness a marked decline in the quality of treatment rendered to our patients who require removable prosthesis." Quintessence of Dental Technology, April 1985, Robert P. Renner, D.D.S., Editor.

5. "Nevertheless, the more removable prosthodontic treatment dental students complete while in dental school, the better able they will be to treat these types of patients in practice. It appears to the authors that in some regions this experience is too low." The Journal of Prosthetic Dentistry, August 1982, H. W. Herring, D.M.D., et al authors.

6. "All dental educators stated that partial denture design is the dentist's responsibility, while 77.9% of dental technicians reported that they design most or all of the removable partial dentures fabricated in their laboratories. ....If it is assumed that partial denture design is the dentist's responsibility, it appears that prosthodontic education is failing to prepare dentists adequately for the task." The Journal of Prosthetic Dentistry, November 1984, Thomas D. Taylor, D.D.S., et al, authors.

7. "The overall decrease in curriculum emphasis on removable prosthodontics during the past 15 years at 33 of the 50 responding dental schools can only serve to compound the problems alluded to in parts I and II of this study. It appears that educators are loosing ground in the task of providing adequate preparation for dental graduates in the field of removable prosthodontics." The Journal of Prosthetic Dentistry, November 1984, Thomas D. Taylor, D.D.S., M.S.D., et al, authors.

SENATE HEALTH & WELFARE
EXHIBIT NO. 5
DATE 2/18/95
BILL NO. SB 385

Amendment to Senate Bill 385
(Introduced copy)

1. Page 1, lines 23 through 26.
Following: "family per month."
Strike: remainder of lines 23 through 26 in their entirety

2. Page 3, line 17.
Following: "under"
Strike: "19"
Insert: "6"
Page 3, line 18.
Strike: "200%"
Insert: "150%"
Page 3, line 20.
Following: "program."
Strike: "The"
Insert: "The department shall request pursuant to section 1115 of the Social Security Act, 42 U.S.C. 1315, a waiver of the income limitations set forth in 42 U.S.C. 1396a(l)(2)(A)(i). The waiver request shall establish income eligibility limitations at an amount not to exceed 200% of the federal poverty threshold. If a waiver is granted the"
Page 3, line 21.
Following: "paid"
Strike: "for medicaid benefits"

02/17/95

Estimate of Costs For SB 385 With Amendments That Clarify
Medicaid Coverage is up to 150% of Poverty for Children Under 6 Years and Pregnant Women in FY 96
And Up to 200% of Poverty for Children Under 6 and Pregnant Women With a Sliding Fee For Those Between 150 and 200% in

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 2/18/95
BILL NO. SB 385

Pregnant Women

		Currently Eligible @ 133%	Estimated # New Eligibles @ 150%	Estimated # New Eligibles @ 200%
FY 1994	# Eligible	3,355	429	1,690
	Cost	$4,443,060	$568,129	$2,238,084
	Cost/ Person	$1,324.31	$1,324.31	$1,324.31
FY 1996	# Eligible	3,335	429	1,690
	Cost	$5,068,866	$652,037	$2,568,631
	Cost/ Person	$1,519.90	$1,519.90	$1,519.90
FY 1997	# Eligible	3,335	429	1,690
	Cost	$5,565,615	$715,937	$2,820,357
	Cost/ Person	$1,668.85	$1,668.85	$1,668.85
96-97 Biennium Total Costs			$1,367,974	$5,388,988

Kids Under 6 Years Old

		Currently Eligible @ 133%	Estimated # New Eligibles @ 150%	Estimated # New Eligibles @ 200%
FY 1994	# Eligible	11,252	1,438	5,668
	Cost	$5,499,190	$702,794	$2,770,122
	Cost/ Person	$488.73	$488.73	$488.73
FY 1996	# Eligible	11,252	1,438	5,668
	Cost	$6,311,376	$806,591	$3,179,246
	Cost/ Person	$560.91	$560.91	$560.91
FY 1997	# Eligible	11,252	1,438	5,668
	Cost	$6,929,891	$885,637	$3,490,813
	Cost/ Person	$615.88	$615.88	$615.88
96-97 Biennium Total Costs			$1,692,227	$6,670,059

Total Costs of Kids and Pregnant Women

	General Fund	Federal Funds	Total Costs
FY 96	$1,739,308	$4,008,570	$5,747,877
FY 97	$1,956,463	$4,354,707	$6,311,169
Biennium Total	$3,695,770	$8,363,277	$12,059,047

Potential Revenue In FY 97 For Those Between 150% and 200%

FY 97	Women @ 20/month For 9 Months	$226,980
	Kids @ $10/month For 12 months	$507,600
	Estimated Revenue	$734,580

Net Impact of Sliding Fee Revenue

	FY 96	FY 97
Total Estimated GF Costs	$1,739,308	$1,956,463
Potential Revenue (GF Share)	$0	$227,720
Net General Fund Costs	$1,739,308	$1,728,743

Assumptions:

1. The inflation assumed is 5.1% between FY 94 and FY 95, 9.2% between FY 95 and FY96 and 9.8% between FY 96 and FY 97.
2. The department must request a waiver to implement a sliding fee scale. Is is assumed that the waiver would be approved in time to implement its provisions in FY 97. Therefore there would not be any revenue from the sliding fee in FY 96.

THE NUMBER OF CHILDREN WE HELP IS LIMITED ONLY BY THE AMOUNT OF CONTRIBUTIONS WE RECEIVE. IT IS THROUGH YOUR GENEROSITY THAT WE CAN MAKE A DIFFERENCE IN MONTANA.

NAME

HOME or BUSINESS ADDRESS

CITY

STATE ZIP CODE

DAYTIME TELEPHONE DATE

Include this form with your contribution. Please make personal check, corporate check or money order payable to "The Caring Program for Children." Send all contributions to:

Caring Program for Children
P. O. Box 872
Helena, MT 59624-0872

[ ] $276 to sponsor one child for one year
[ ] $138 to sponsor one child for 6 months
[ ] $92 to sponsor one child for 4 months
[ ] $ ____ other amount

PLEASE TEAR HERE AND MAIL

EMPHASIS ON PREVENTIVE CARE.

The Caring Program benefit plan is unique and was specifically developed to keep the cost relatively low, providing for the most basic needs of the children, while protecting as many children as possible. Emphasis is placed on preventive care – such as immunizations and well-child checkups. Other benefits include physician office visits when a child is sick, emergency and accident care, X-rays and other diagnostic tests, and outpatient surgery.

WHO IS ELIGIBLE FOR COVERAGE?

For a child to qualify for the program, he or she must:

- Live in a low-income family and meet the income guidelines of the Caring Program.
- Not have health insurance available.
- Be under age 19, unmarried and enrolled full time in school if of school age.
- Be a resident of Montana.

No child will be turned down for any health reason.

HOW MUCH DOES IT COST?

Care for enrolled children is paid for by donations and is provided at no cost to their families. There are no deductibles or copayments for covered services.

Children and their families use doctors contracting with the Caring Program for Children. These doctors agree to accept the Caring Program allowance as payment-in-full for their services.

The cost of sponsoring one child in the Caring Program for Children for one year is currently $276.

HOW CAN I GET HELP FOR MY CHILD?

For additional information, please call 1-800-447-7828, Extension 8400.

Caring Program for Children
P. O. Box 872
Helena, MT 59624-0872

The names of all enrolled children and other information provided is kept strictly confidential.

CARING PROGRAM FOR CHILDREN

Health care benefits for children in need.

Sponsored by The Caring Foundation of Montana, Inc.

Information for contributors, health care provid and participating organizations.

NOW OR LATER?

An estimated 14,500 children in Montana are falling through the cracks of our health care system. They are children of uninsured, low-income families; family income is too high to qualify for public health programs and too low to purchase insurance.

Children of these families often find themselves in poorer health than the general public. Because of family finances, they use far fewer medical services than insured children. And, in most cases, they are going without health care except in extreme emergencies. Many of the medical crises they face might be prevented by earlier medical attention. Some must simply learn to live with a host of minor, yet untreated, medical problems.

Those medical problems can contribute to chronic school absenteeism, the first step in perpetuating the poverty cycle. Preventable hearing loss and other unnecessary impairments, besides their cost in personal struggle, increase the need for expensive special education and other services.

Unless we help these children and their families pay for health care today, we will all pay tomorrow and the next day and the day after.

On the cover: Dr. Jeff Strickler, Helena Pediatrician, and Joey Reddy.

WHO ARE THESE CHILDREN?

Many of Montana's uninsured children are from "working poor" families. They may be the children of single parents who earn minimum wage or a little more. They may be from large families where the chief wage earner receives no health insurance.

NATIONALLY ...

- 35% of preschool children have not received their complete immunization and vaccination schedule;
- 80% of low-income school children are found to be suffering from one or more untreated medical conditions; and
- Children who do not receive comprehensive pediatric care have been shown to incur annual health care costs ten percent higher than children who do receive such care.

THE CARING PROGRAM PROVIDES HEALTH CARE BENEFITS.

The Montana Caring Program for Children, organized in 1992 as part of the Governor's Health Care for Montanans program, was inspired by similar programs operating in more than twenty states.

The Montana Department of Social and Rehabilitation Services (SRS) is playing an active role in promoting the benefits of the program and identifying children in need.

A new nonprofit organization, The Caring Foundation of Montana, Inc., is responsible for operation of the program.

Administrative services, including the processing of claims, are provided by Blue Cross and Blue Shield of Montana at no cost to the Foundation. In addition, Blue Cross and Blue Shield of Montana is providing a founding grant. This substantial sum will be contributed to The Caring Foundation of Montana on a matching basis.

Ongoing contributions for the cost of sponsorship for children are being received from charitable foundations, businesses, churches, civic groups and individuals.

Many Montana physicians and hospitals are contributing by agreeing to serve Caring Program kids at reduced fees.

WHAT YOU CAN DO TO HELP.

The only limit to the number of Montana children who will benefit from the Caring Program is the amount of donations received.

You can make a monetary contribution to the Caring Foundation of Montana, Inc. Donors may sponsor one child or several or make smaller pledges that will be added together to provide a sponsorship.

Your organization can sponsor children from your area. You can add more children at any time and you can establish a schedule to pay for children's care.

You can be part of the effort in your hometown or county to find both the funds and the children.

If you are interested in participating in any way, please contact:

The Caring Program for Children
P.O. Box 872
Helena, MT 59624-0872

DATE 2/18/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 368, SJ 14
SB 403, SB 385

< ■ > PLEASE PRINT < ■ >

Check One

Name	Representing	Bill No.	Support	Oppose
Clifford R. Christensot	Self	368		✓
Kenneth MacPherson	D A M	368		✓
John Matesich		368		✓
Douglas A Crumb		368		✓
Richard Crofts	OCHE	368		
Bob Vennum	Commun. / Bldg DDS	368		
Susan Good	HEAL	403	✓	
Steve Yeakel	MT Council for Maternal & Child Health	385	✓	
Don Allen	MMBP	403	✓	
Terry Peck	Blue Cross Blue Shield	385 SJR14	✓	
Mary McCue	Montana Dental Assn	368	✓	
Gerald Olson	Montana Dental Assn	368	✓	
Susan Good	HEAL	SJR14	✓	
Scott Sales	self	368	✓	
Bob Talbot	MASW	SB385	✓	
Mike Craig	MCA	385	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY